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Licata & Tyrrell P.C.66 E. Main Street
Marlton, New JerseyTel: (856) 810-1515
Fax: (856) 810-1454**FAX RECEIVED**

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OFFICIAL**GROUP: 1635****FAX NUMBER: 1-703-872-9306****ATTORNEY DOCKET NO.: RTS-0250****SERIAL NO.: 09/954,556****FILED: September 14, 2001****NUMBER OF PAGES: 11**
(including this sheet)**MESSAGE:** Attached is a Response to the Restriction Requirement dated May 15, 2003.**URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

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If you have any questions, or did not receive the proper number of pages, or had trouble
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. RTS-0250	
Applicant(s): Monia et al.					
Serial No. 09/954,556	Filing Date September 14, 2001	Examiner Terra C. Gibbs		Group Art Unit 1635	
Invention: ANTISENSE MODULATION OF FIBROBLAST GROWTH FACTOR RECEPTOR 2 EXPRESSION					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0	x \$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
_____ <i>[Signature]</i> Signature					
Dated: June 10, 2003					
<p>_____ <i>[Signature]</i> _____ Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454</p>					
<p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.6 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p>					
<p><i>[Signature]</i> _____ Signature of Person Mailing Correspondence</p>					
<p><i>[Signature]</i> _____ Typed or Printed Name of Person Mailing Correspondence</p>					
CC:					

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)				Docket No. RTS-0250
Applicant(s): Monia et al.				
Serial No. 09/954,556	Filing Date September 14, 2001	Examiner Terra C. Gibbs	Group Art Unit 1635	
Invention: ANTISENSE MODULATION OF FIBROBLAST GROWTH FACTOR RECEPTOR 2 EXPRESSION				
<p>I hereby certify that this <u>Reply to Restriction Requirement</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>June 10, 2003</u> (Date)</p> <p><u>Jane Massey Licata</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Jane Massey Licata</u> (Signature)</p>				
<p>Note: Each paper must have its own certificate of mailing.</p>				